

Central Cal Chapter of WESTOP – TRIO DAY 2010

Saturday, April 17th, 2010, California State University, Fresno

Participant Permission Slip

Release, Indemnity, and Assumption of Risk

Project Name & Institution: _____

Participant Name: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip: _____

This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the activities, including travel between activities, participation and observation. It's understood that the Participant (and/or parent/legal guardian of the Participant under the age of 18 years old) assumes the risk that unexpected events may occur and result in harm, injury or illness to the Participant, or damage to or loss of property while the Participant is participating in, observing, or traveling to or from the Activities. It's agreed not to sue CSU Fresno and/or the CenCal Chapter of WESTOP for any harm or damage associated with the Participant's participation or observation or other items covered in this release if the harm or damage is not due to the negligence or fault of CSU FRESNO and/or the CENCAL Chapter of WESTOP. Also agreed is to indemnify CSU FRESNO and/or the CENCAL Chapter of WESTOP for all damages or injuries that are the result of the Participant's negligence. It's understood that the CENCAL Chapter of WESTOP activities at CSU FRESNO are voluntary and it's agreed to accept responsibility for the Participant's personal safety.

Consent is given to the provision of emergency medical treatment for the Participant to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

Participant Signature: _____ Phone: _____ Date: _____

If the Participant is under the age of 18 years old, the Parent grants permission for his/her Participant to participate in the activities related to CSU FRESNO and the CENCAL Chapter of WESTOP.

Parent Name: _____ Parent Signature: _____ Date: _____

Media Release

Occasionally, photos and/or video are taken of the participants for future web and print making materials. By signing below, you give permission your photo to be taken and used for non-commercial promotional activities, materials, or websites related to WESTOP, CENCAL Chapter of WESTOP, TRiO projects participating in the TRiO DAY 2010 Event, and/or CSU FRESNO.

Participant Signature: _____ Phone: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____

In Case of Emergency

Please list any special medical care or attention the Participant may need. One may write on the back if necessary.

If the Participant requires emergency medical treatment, please contact:

Name of Emergency Contact Person: _____

Home Phone: _____ Cell Phone: _____

If the Emergency Contact Person I have listed is not available, please contact:

Doctor: _____ Phone: _____

This form must be complete before participant arrives on campus. Submit all forms at check-in on April 17th, 2010.

For more information, contact Ben Reynoso at (559) 278-2693 or breynoso@breynoso.edu.